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FAX TRANSMISSION

DATE: December 3, 2004

PTO IDENTIFIER: Application Number 09/769057-Conf. #5066
Patent Number

Inventor: Loukritia Balkos et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (703) 872-9306

FROM: CONNOLLY BOVE LODGE & HUTZ LLP

Patricia Smink Rogowski - Reg. No. 33,791

PHONE: (302) 658-9141

Attorney Dkt. #: 4754*39

PAGES (Including Cover Sheet): 12

CONTENTS: Response and Amendment (8 pages)
Fee Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Charge \$490.00 to deposit account 03-2775
Certificate of Transmission (1 page)

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CONNOLLY BOVE LODGE & HUTZ LLP

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PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Application No. (if known): 09/769057

Attorney Docket No.: 4754*39

Certificate of Transmission under 37 CFR 1.8

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on December 3, 2004
Date


SignaturePatricia Smink Rogowski

Typed or printed name of person signing Certificate

33,791

Registration Number, if applicable

(302) 658-9141

Telephone Number

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Certificate of Transmission (1 page)

PTO/SB/17 (11-04)

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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>				Complete if Known																																																											
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Application Number		09/769057-Conf. #5066																																																									
				Filing Date		October 29, 2003																																																									
				First Named Inventor		Loukritia Balkos																																																									
				Examiner Name		D. H. Heckenberg																																																									
				Art Unit		1722																																																									
TOTAL AMOUNT OF PAYMENT		(\$)		490.00		Attorney Docket No.		04754-00039-USA																																																							
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None				2. EXTRA CLAIM FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr><td>Each claim over 20</td><td style="text-align: right;">18</td><td style="text-align: right;">9</td></tr> <tr><td>Each independent claim over 3</td><td style="text-align: right;">88</td><td style="text-align: right;">44</td></tr> <tr><td>Multiple dependent claims</td><td style="text-align: right;">300</td><td style="text-align: right;">150</td></tr> <tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td style="text-align: right;">18</td><td style="text-align: right;">9</td></tr> <tr><td>For Reissues, each independent claim more than in the original patent</td><td style="text-align: right;">88</td><td style="text-align: right;">44</td></tr> <tr><td colspan="3">Total Claims</td></tr> <tr> <td style="text-align: right;">- 20 or HP =</td> <td style="text-align: right;">x</td> <td style="text-align: right;">=</td> </tr> <tr> <td colspan="3">HP= Highest number of total claims paid for, if greater than 20</td> </tr> <tr><td colspan="3">Indep. Claims</td></tr> <tr> <td style="text-align: right;">- 3 or HP =</td> <td style="text-align: right;">x</td> <td style="text-align: right;">=</td> </tr> <tr> <td colspan="3">HP= highest number of independent claims paid for, if greater than 3</td> </tr> <tr><td colspan="3">Multiple Dependent Claims</td></tr> <tr> <td style="text-align: right;">Fee (\$)</td> <td></td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr><td colspan="3" style="text-align: right;">Subtotal (2) \$</td></tr> <tr><td colspan="3" style="text-align: right;">0.00</td></tr> </tbody> </table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims			- 20 or HP =	x	=	HP= Highest number of total claims paid for, if greater than 20			Indep. Claims			- 3 or HP =	x	=	HP= highest number of independent claims paid for, if greater than 3			Multiple Dependent Claims			Fee (\$)		Fee Paid (\$)	Subtotal (2) \$			0.00										
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Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. <input type="checkbox"/> Other (please identify): _____																																																															
1. BASIC FILING FEE <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Entity Fee (\$)</th> <th style="text-align: right;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr><td>Utility Filing Fee</td><td style="text-align: right;">790</td><td style="text-align: right;">395</td><td></td></tr> <tr><td>Design Filing Fee</td><td style="text-align: right;">350</td><td style="text-align: right;">175</td><td></td></tr> <tr><td>Plant Filing Fee</td><td style="text-align: right;">550</td><td style="text-align: right;">275</td><td></td></tr> <tr><td>Reissue Filing Fee</td><td style="text-align: right;">790</td><td style="text-align: right;">395</td><td></td></tr> <tr><td>Provisional Filing Fee</td><td style="text-align: right;">160</td><td style="text-align: right;">80</td><td></td></tr> <tr><td colspan="4">Subtotal (1) \$</td></tr> <tr><td colspan="4" style="text-align: right;">0.00</td></tr> </tbody> </table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)	Utility Filing Fee	790	395		Design Filing Fee	350	175		Plant Filing Fee	550	275		Reissue Filing Fee	790	395		Provisional Filing Fee	160	80		Subtotal (1) \$				0.00																															
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SUBMITTED BY Signature: <i>Patricia Smink Rogowski</i> Name (Print/Type): Patricia Smink Rogowski				Registration No. (Attorney/Agent): 33,791 Telephone: (302) 658-9141 Date: December 3, 2004																																																											

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PTO/SB/22 (10-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 04754-00039-USA	
Application Number 08/769057-Conf. #5066		Filed October 29, 2003	

For **PRESS FOR MAKING PATTIES AND METHOD OF OPERATION**

Art Unit 1722	Examiner D. H. Heckenberg
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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$ <u>490.00</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-2775. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor,

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 33,791

 Signature

Patricia Smink Rogowski

 Typed or printed name

December 3, 2004

Date

(302) 658-9141

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.